ACCOUNT ACTIVATION/DEACTIVATION REQUEST

This form is to be used for all CMS employees for account activation, account modification, and account deactivation. This request is for CMS Net, EDS Net, and MEDS requests only. Please fill in the appropriate check boxes and complete the following information for all requests. Please allow one week for processing new requests. Fax completed form to (916) 327-0997.

EMPLOYEE INFORMATION				
Select One	**Select**	**Name**	**Position**	**Last 4 Digits of SSN**
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			
☐ Add ☐ Modify ☐ Delete	☐ CMS Net ☐ EDS Net ☐ MEDS			

County: _____   Phone: (   )

Requested by: _____   Fax: (   )

Title: _____   E-mail:

SYSTEM ADMINISTRATOR (SA) USE ONLY		
Application	**Date Completed**	**SA Initial**
Establish CMS Net Unix		
Establish CMS Net Application		
Request MEDS		
Deliver MEDS		
Request EDS Net		
Deliver EDS Net		

Questions?   **Contact the CMS Net Help Desk at:**
E-mail: **cmshelp@dhs.ca.gov** **or**
Phone: **(916) 327-2378 or (866) 685-8449 or**
Fax: **(916) 327-0997**